DOCUMENT RESUME

ED 353 499 CG 024 717

AUTHOR Rugs, Deborah; Friedman, Robert M.
TITLE Residential Treatment and Hospitalization for Children: Practice Differences and Length of Stay. Florida, 1991.
PUB DATE Aug 92
NOTE 12p.; Paper presented at the Annual Convention of the American Psychological Association (100th, Washington, DC, August 14-18, 1992).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Adolescents; Behavior Problems; Childhood Needs; Children; *Hospitalized Children; *Institutionalized Persons; *Psychiatric Hospitals; *Residential Programs
IDENTIFIERS *Length of Hospital Stay

ABSTRACT

A saturation sample of child and adolescent residential treatment facilities and psychiatric hospitals in Florida was conducted. A total of 128 facilities completed surveys, with a response rate of 51%. The majority of those who responded were from Child Caring (CC) facilities (55%), Hospital/Intensive Residential Treatment (IRT) facilities (25%), Crisis Stabilization Units/Short Term Residential Treatment facilities (11%), and Other facilities (9%). More Hospital/IRTs reported serving both children and adults in the same facility than did CC facilities. Hospital/IRTs reported seeing a wider range of diagnoses than did CC facilities (such as alcoholism, drug dependence, and eating disorders). The most commonly reported average length of stay for a Hospital/IRT was 1 month and 9 days. The most commonly reported average length of stay for CC facilities was 9 months and 4 days. Program costs and facility capacity were significant predictors of average length of stay for Hospital/IRTs, but not for CC facilities. Hospital facilities differed from CC facilities primarily in the use of the medical model and the number of medical staff employed. CC facilities covered a wider range of facilities than did hospitals, from group homes to therapeutic camps. The two types of facilities appeared to serve similar types of diagnoses, with the most common diagnoses for both groups being conduct disorders, attention deficit hyperactivity disorders, adjustment reactions, and anxiety disorders. (NB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED353499

CG024717

FLORIDA 1991 -

RESIDENTIAL TREATMENT AND HOSPITALIZATION FOR CHILDREN: PRACTICE DIFFERENCES AND LENGTH OF STAY

Deborah Rugs, Ph.D.
Robert M. Friedman, Ph.D.
Department of Child and Family Studies
Florida Mental Health Institute
University of South Florida

BEST COPY AVAILABLE

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.

Minor changes have been made to improve reproduction quality.

Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE THIS MATERIAL IN OTHER THAN PAPER COPY HAS BEEN GRANTED BY

Deborah Rugs

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

ABSTRACT

A saturation sample of residential treatment facilities serving children in the state of Florida was conducted by the FMHI for the HRS Senate committee. The survey took place between August 2, 1991 and September 18, 1991 and an overall response rate of 51% was obtained.

The majority of facilities which responded were from Child Caring facilities (55%), Hospital/IRTs made up 25% of the sample, CSU/SRTs 11% of the sample and Other facilities made up 9% of the sample. The largest proportion of "for-profit" facilities were Hospital/IRTs. Only 30 out of 128 facilities report being designated Baker Act receiving facilities.

This study reports differences between the CC facilities and Hospital/IRTs with an emphasis on length of stay, costs, capacity and frequency of case reviews.

INTRODUCTION

Service providers often note that the length of a patients stay in residential or inpatient treatment is not a positive predictor of patient outcome. This may be particularly true for children, because they are disrupted from family and school. In a recent review of inpatient treatment of children and adolescents Pfeiffer and Strzelecki (1990) found that, while hospitalization was often beneficial, length of stay was only modestly related to outcome. The authors (Pfeiffer & Strzelecki, 1990) reviewed 34 outcome studies of child and adolescent residential treatment and inpatient psychiatric hospitalization.

The current study proposes that length of stay may be a function of variables related to the facility, such as type of facility, program, policies, and costs. Differences between residential treatment facilities (referred to hereafter as Child Caring or CC) and inpatient hospitalization are highlighted. This survey method used facilities as the unit of analysis. This extends previous research where individual clients is the unit of analysis.

METHOD

A saturation sample of child and adolescent residential treatment facilities and psychiatric hospitals in the state of Florida was conducted between August 2, 1991 and September 18, 1991.

The criteria to include a facility in the study was that a facility provide mental health services, with 24-hour care, to persons 18 years of age and younger. The Florida Department of Health and Rehabilitative Services (HRS) licensure office provided the lists of contacts, which were categorized by the following facility types:

1. Hospitals (general, psychiatric or specialty psychiatric) and Intensive Residential Treatment (IRT)
2. Crisis Stabilization Units (CSU) and Short Term Residential (SRT)
3. Child caring (CC) and Other

A survey instrument was mailed to three hundred and fifty nine (359) facilities. Those facilities which did not respond by mail were contacted by phone. During phone interviews it was determined if the facility met the criteria described above, and if appropriate, the survey was completed over-the-phone.

As a result of the telephone follow-up, 108 facilities were eliminated from the subject pool because they were no longer in operation, did not serve children, or

did not provide mental health services. A total of 128 facilities completed surveys, which is a response rate of 51%.

RESULTS

Facilities

Of the total 32 hospitals which responded to the survey 8 were licensed general hospitals with psychiatric units, 17 were specialty hospitals and 7 were IRTs. In all Hospitals/IRTs made up 25% of the sample and account for the largest proportion of "for-profit" facilities (83%). Fourteen licensed CSU/SRTs responded to the survey and composed 11% of the sample. CC facilities covered the widest range of facilities, from group homes to therapeutic camps and made up the largest portion of the survey, 70 facilities or 55%. The Other category was composed of 12 facilities and made up 9% of the sample. Other facilities were mainly shelters and homes for teen mothers which also provide mental health counseling.

Programmatic and Clinical Differences

The results of the survey highlight several differences between Hospital/IRT facilities and CC facilities. The programmatic differences included; diagnostic groups, services, voluntariness, seclusion and restraint, frequency of case review, costs, and length of stay. More Hospital/IRTs reported serving both children and adults in the same facility than did CC facilities. Hospital/IRTs reported seeing a wider range of diagnosis than did CC facilities (such as alcoholism, drug dependence, and eating disorders).

The services most likely to be reported by all facilities were; assessment, multi-disciplinary treatment planning, behavior therapy, individual psychotherapy, family therapy, recreational therapy, time-out, case management, and crisis counseling. Children who enter a Hospital or IRT are more likely to receive individual psychotherapy, assessment, multi-disciplinary treatment, substance abuse counseling, family therapy, and medication than if the same child entered a CC facility.

The largest group of facilities which reported using seclusion was the Hospital/IRT group (81%). This may be because this is also the group that, proportionate to other facility types, more often reported serving both children and adults. The most common facility type to report using restraint (79 %) was the CSU/SRT facilities. This finding may be related to the fact that 11 out of 14 CSU/SRT

facilities reported taking Baker Act Cases. Baker Act cases are involuntary admissions and are deemed necessary because the client is a danger to self or others. The involuntariness and severity of the cases served may partially explain why CSU/SRTs report using more restraint than other facility types.

Length of Stay

To explore the differences between average length of stay and the facility variables of facility type, program costs (per day), capacity and frequency of case review, two separate multiple regression analyses were performed; one for Hospital/IRTs and one for CC facilities. For both regression analyses, a substituted mean was given to variables that were missing from cases.

The most commonly reported average length of stay for a Hospital/IRTs was 1 month and 9 days. Hospital/IRTs report that costs for inpatient hospitalization range from $380 to $970 per day. The average inpatient program capacity was 47 beds and ranged from 8 to 190 beds. Nearly half (15) of the Hospital/IRTs stated that they reviewed cases weekly. For Hospital/IRTS all three variables, cost, capacity and frequency of case review, were significantly related to length of stay. A negative relationship between program cost and average length of stay emerged, t (3, 28) = -3.144, $p < .001$. This negative relationship indicates that those facilities who reported higher cost per day also reported shorter average lengths of stay. It follows, that those facilities who reported lower costs also reported longer lengths of stay. Facility capacity was also a significant predicator of average length of stay, t (3, 28) = 6.221, $p < .001$. Larger facilities reported longer average length of stays. Also, frequency of case review was a significant predicator of average length of stay, t (3, 28) = 2.482, $p < .05$. Facility policies which allow longer lengths of time between case reviews increases the reported average length of stay.

The results of the same analysis for CC facilities was extremely different from those results reported above. The most commonly reported average length of stay for this facility type was 9 months and 4 days. CC facilities report that costs for non-secure residential treatment range from nothing to $715 per day. The average inpatient program capacity was 21 beds and ranged from 4 to 88 beds. CC facilities did not report reviewing cases quite as often as Hospital/IRTs. Thirty-one (31) out of 63 CC facilities reported reviewing cases monthly or less. Of the three variables, cost, capacity and frequency of case review only frequency of case review approached significance, t (3, 66) =-1.869, $p = .07$. Again, the frequency of holding reviews to determine the appropriateness of placement is related to how long a child is kept in a facility.

DISCUSSION

There is considerable overlap between Hospital/IRTs and CC facilities, however, there are also significant programmatic differences. Hospital facilities differ from CC facilities primarily in the use of the medical model and the number of medical staff employed. Child Caring facilities cover a wider range of facilities than do hospitals, from group homes to therapeutic camps. There is evidence from the survey, that the two facility types are similar in the type of diagnosis they serve. The most commonly reported diagnosis from both facility types were conduct disorder, attention deficit hyperactivity disorder, adjustment reaction and anxiety disorder. However, children and youth who enter a Hospitals/IRT facility for mental health needs may have a very different experience than those children entering a CC facility for similar needs.

The most important difference highlighted by the survey was the determinants of length of stay. For both facility types the same independent variables were used in regression analyses. However, the results for Hospital/IRTs differed dramatically than the results for Ccs. Program costs and facility capacity were significant predictors of average length of stay for Hospital/IRTs, but this was not the case for CC facilities.

Why one set of variables would be significant predictor for one facility type and not the other is a difficult question. One possible explanation is the fact that Hospital/IRTs more frequently operate "for-profit" than CC facilities. Capacity level and cost for services are certainly factors in that determine profits.

Another policy issue uncovered by the survey results is the relationship between frequency of case review and average length of stay. Currently, HRS regulations in the state of Florida requires children's cases to be reviewed quarterly. This may not be adequate given the importance of this process to predict length of stay. A policy which requires frequent case reviews (weekly or less) may force staff to examine the appropriateness of a child's current placement. Children's needs and behavior may change drastically from the time they enter a placement to up to three months later when the required case review is performed.

REFERENCE

Pfeiffer, S. I., & Strzelecki, S. C. (1990). Inpatient psychiatric treatment of children and adolescents: A review of outcome studies. **Journal of the American Academy of Child and Adolescent Psychiatry**, 29: 847-853.

Therapies/Treatment Practiced with Children and Adolescents

Hospital/ IRT (n = 32)	CC (n = 70)	
88%	40%	Psychological assessment
97%	54%	Multi-discipl tx planning
88%	73%	Behavior therapy
94%	74%	Individual psychotherapy
78%	27%	Sub abuse counseling
94%	60%	Family therapy
88%	16%	Medical care
97%	31%	Psychotropic medication
91%	49%	Recreational therapy
67%	16%	Art therapy
56%	10%	Music therapy
62%	11%	Occupational therapy
44%	7%	Physical therapy
75%	14%	Speech therapy
72%	27%	Play therapy
38%	16%	Vocational rehabilitation
88%	47%	Milieu therapy
75%	63%	Home visits
91%	53%	Time-Out
69%	81%	Case management
78%	74%	Crisis counseling
28%	27%	Other therapy
25%	39%	Other service

Percent of Facilities Serving Different Diagnosis

Hospital/ IRT (n = 32)	CC (n = 70)	
88%	61%	Attention deficit hyperactivity
94%	71%	Conduct disorder
91%	47%	Affective disorder
88%	43%	Anxiety disorders
78%	20%	Schizophrenia
56%	20%	Developmental disorder
91%	64%	Adjustment reaction
62%	31%	Eating disorder
62%	17%	Drug disorders
62%	11%	Alcohol disorders
84%	44%	Personality disorders
22%	3%	All of the above
13%	30%	Other

Program Averages

Hospital/IRT	
Length of Stay	1 month 9 days
Cost	$670
Capacity	47 beds
Frequency of Case Review	weekly

Child Caring	
Length of Stay	9 months 4 days
Cost	$ 81
Capacity	21 beds
Frequency of Case Review	every other week

Beta Weights of Cost, Capacity and Frequency of Case Review
With Dependent Variable Average Length of Stay

	Hospital/IRT	CC
Cost	-.321	.045
Capacity	.646	.004
Frequency of Case Review	.254	-.236